



# **Evaluation of the Arts and Health Coordinator Capacity Building Programme**

**UK Research & Consultancy Services Ltd**

**November 2022**

## Foreword and Acknowledgements

Following a grant received from the Arts Council of Wales ('ACW'), the Welsh NHS Confederation commissioned UK Research & Consultancy Services Ltd in June 2021 to carry out an evaluation of the impact of the Arts and Health Coordinator ('AHC') roles within Health Boards ('HBs') across Wales. The purpose of the evaluation was to understand more about the impact these roles are having on patients, staff, and the wider system.

We were delighted to undertake the evaluation because there is already considerable evidence that the synergy between Arts and Health is capable of generating value across a range of health settings. However, finding ways to stimulate and multiply that value is another matter, and one which depends on crafting an intervention that 'fits' with the NHS in Wales, and the way it works, whilst delivering the benefits of creativity and of the experience of the Arts, in all their forms.

We met many inspiring and unique people in the course of this work. We aimed to develop insight into how they achieved what they do, and what it is about the arrangements they work within which enables them to be as effective as they are. We would like to thank all those who generously gave their time to the research, both the AHCs but also many current and former NHS Board leaders and staff, and other stakeholders. It has been a particular pleasure to work with Nesta Lloyd-Jones of the Welsh NHS Confederation, and Sally Lewis of the ACW, who have steered us in doing the work whilst absolutely respecting our independence.

Finally, there is additional material linked to this Report and which form part of the evaluation. Case studies of the role and impact of the AHC in each HB are available [here](#). The associated evaluation film is available here: [vimeo.com/mudandthunder/artsandhealthcoordinators](https://vimeo.com/mudandthunder/artsandhealthcoordinators)

**Dr Clive Grace O.B.E.**  
**November 2022**

## Contents

Overview and Summary .....	4
Section 1: Introduction: The Programme, the Policy Context, and the Evaluation.....	6
Section 2: The AHC Programme Outcomes .....	13
Section 3: Reasons for Success.....	18
Section 4: Building for the Future .....	24

### Virtual Annexes:

Case studies of the role and impact of the AHC in each HB are available [here](#) .

The associated evaluation film is available here:

[vimeo.com/mudandthunder/artsandhealthcoordinators](https://vimeo.com/mudandthunder/artsandhealthcoordinators)

The evaluation is by Dr Clive Grace O.B.E, Sandra Harris, and Becca Mattingley of UKRCS.

## Overview and Summary

- **The Arts and Health Coordinators (AHCs) Initiative has been a successful and relatively low cost intervention in stimulating and supporting the role of the arts in achieving positive health and wellbeing outcomes.** There is already ample evidence that the arts can play a significant positive role in achieving better health outcomes – this evaluation confirms the value of the approach of embedding Arts and Health Coordinators in each Health Board (HB) in Wales.
- **The outcomes have contributed to positive impacts on patients and the wider population’s physical and mental health and wellbeing, and across the range of health related functions** – prevention, mitigation, treatment, and recovery. From an HB perspective, the Coordinators’ contributions have had the most impact where their efforts have been closely and consciously aligned with explicit HB strategic objectives and current preoccupations. This has often entailed a focus on recovery, on both physical and mental health.
- **Departmental location within an HB in itself is less related to success than whether Departmental leaders value and champion the Coordinator’s role.** The part played by other champions and advocates across the HB is also very significant in providing support, energy and connection to the HB’s mainstream work.
- **The various enablers of the Programme’s success need to be recognised** and reinforced across individual HBs at both Board and operational level, and by AHCs and the stakeholders.
- **In particular, the quality of leadership by the Coordinator (whether that role is specifically funded through the initiative or otherwise) is critical to success – the ability, commitment, and ‘nous’ of the Coordinator invariably makes the difference.** How to ensure that similarly exceptional individuals continue to fill these roles is a key strategic issue for the initiative. Alternatively, there would need to be significant and consistent senior HB commitment to the Arts and Health work to be sufficient to allow for more ‘routinised’ local leadership to continue to take things forward.
- **The Programme has optimised local discretion and flexibility,** and that approach has served to enable the HBs to shape the intervention to their own context and local purpose. **The next phase may need to give more weight to the features of a national programme** whilst respecting individual HB priorities and contexts. This would help provide a sufficiently robust monitoring ‘safety net’ to ensure that the Coordinators always achieve high performance and good value for money, and consistently impress HB senior colleagues in the value added through their contribution.

There is clear evidence of a positive contribution. In summary it has:

- Helped establish and reinforce the AHC function;
- Helped build credibility for Arts and Health work;
- Led to the delivery of considerable amounts of good quality Arts and Health activity;
- Attracted additional resources;
- Enabled the AHC function to be re-started where it has faltered;

- Helped develop Arts and Health strategies in HBs;
- In some HBs, helped position AHCs for longer term and mainstream funding; and,
- Provided a model to other NHS bodies to adopt, and a Programme to be part of.

The transition of Arts and Health work to mainstream HB activity needs to be accomplished. A future 'Programme' should be a coordinated intervention with more national and cross cutting objectives, and training support, steered by explicit national guidance but with operational responsibility remaining firmly at HB level. Consideration is needed on:

- How to strengthen monitoring and accountability where that is required, to help avoid gaps in provision arising and to act as an early warning system if performance and quality were to suffer materially in an HB.
- How Arts and Health can connect more effectively to relevant areas of national policy, and in particular to social prescribing.
- Ensuring that the AHC roles are established at the appropriate level of authority (and salary) to give them the access and leverage they need to be optimally effective.
- The role of ACW in such a programme going forward, possibly as a funding channel for Welsh NHS resources, but more in terms of contributing its arts expertise to strengthening the work in HBs and offering a 'quality assurance' function. This would not mean managing the roles in any direct sense, rather to use funding conditions to create a monitoring and assurance framework to be operated in partnership with the relevant NHS managers.

**November 2022**

## Section 1: Introduction: The Programme, the Policy Context, and the Evaluation

The Arts and Health Capacity Building Programme (the Programme) was set up by ACW in direct response to a recommendation in its 2018 Mapping Report of Arts and Health Activity in Wales<sup>1</sup>. It is a national, strategic programme funded by ACW and underpinned by a Memorandum of Understanding (MOU) between the Welsh NHS Confederation and the ACW, first signed in September 2017 and renewed in 2020<sup>2 3</sup>.

Inspired by the impact of existing successful Arts and Health examples in some HBs including Aneurin Bevan University Health Board (UHB), Betsi Cadwaladr UHB, Cardiff and Vale UHB, and Swansea Bay UHB, the Programme provided an opportunity for the HBs in Wales to engage an AHC by providing funding for three years @ £25,000pa on a matched funded basis. The aim is to grow effective Arts and Health practice across Wales and raise awareness of the health and wellbeing benefits of engaging in the arts within the NHS. The aspiration was that these posts would be made permanent and funded by the HBs after the 3 year seed-funding period. All seven HBs were invited to submit proposals, tailoring them to the priorities and context of each HB within the broad parameters of the Capacity Building Programme.

In some HBs, AHC posts (or their functional equivalent) have been in place for some years. The Capacity Building Programme therefore offered a chance to further expand its Arts and Health Team. In others, the appointment of an AHC was the first such appointment and represented the HB's first major step on the Arts and Health journey. For this reason, the Programme did not take a 'one-size-fits-all' approach and was intentionally flexible, wanting to support each HB, regardless of their starting point.

Despite all HBs being offered the grant in December 2018, their response rates varied considerably. The timelines for the grants, and in respect of the existing arts activity in each HB varied considerably, as the timeline below demonstrates.

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<sup>1</sup> Arts Council of Wales (2018), Arts and Health in Wales: A Mapping Study of Current Activity. Vol. 1: Analysis, Findings and Proposals. Available at: <https://www.artshealthresources.org.uk/docs/arts-and-health-in-wales-a-mapping-study-of-current-activity/> (Accessed August 2022)

<sup>2</sup> <https://arts.wales/news-jobs-opportunities/arts-and-health-initiatives-have-been-proven-improve-health-and-wellbeing>

<sup>3</sup> Welsh NHS Confederation (2020), Advancing arts, health and wellbeing. <https://www.nhsconfed.org/publications/advancing-arts-health-and-wellbeing>

## Arts and Health Coordinator appointments - timeline



### Policy context

The relationship between Arts and Health is much more complex and multi-faceted than many people (including some policy makers) understand. It is well evidenced that opportunities to experience and engage in arts activities, broadly conceived, can be beneficial to the wellbeing of both current and potential NHS patients in terms of enjoyment, distraction, engagement, and learning.

However, the relationship is much deeper than that. ‘Whole person’ understanding of health indicates that arts engagement can have a direct benefit for those experiencing a range of mental health and behavioural problems, and also in relation to those clinical conditions usually seen as being entirely a matter for surgical and/or drug related therapies.

The AHC Programme has synergy with interventions into the major public services systems of education and health which reflect modern thinking in terms of whole systems and whole person approaches to health and wellbeing. They hold the potential to stimulate positive change and new ways of thinking and working with real added value in both the short and long term. They help give effect to the objectives of the Wellbeing of Future Generations (Wales) Act 2015<sup>4</sup> and the case studies produced by the Future Generations Commissioner’s office illustrate how using culture for prevention contributes to different areas of the Act<sup>5</sup>.

### Specific Impulses

The underlying impulses for the Programme have included:

- The broad and holistic approach to health reflected in Welsh Government policy and in the designation of the HBs as population based health bodies with a wide interest and responsibility in population health, tackling loneliness and social isolation, and

<sup>4</sup> <https://www.futuregenerations.wales/about-us/future-generations-act/>

<sup>5</sup> <https://www.futuregenerations.wales/wp-content/uploads/2021/05/Case-studies-Finalised.pdf>

not only treating ill health. HBs are also responsible for delivering services in partnership, improving physical and mental health outcomes, promoting wellbeing and reducing health inequalities across their population;

- A recognition that the arts can have a positive impact on health outcomes, albeit that the evidence is stronger in relation to some conditions and some health functions than it is across the board;
- Encouragement to the ACW from the Welsh Government through their funding and remit letters, to take a greater interest in the health and wellbeing outcomes associated with arts activities; and,
- The findings of the 2018 Mapping Report, coupled with the partnership between ACW and the Welsh NHS Confederation, underpinned by the MOU.

The ACW Remit letters from 2019-20 and 2021-26 both demonstrate this national focus on preventative approaches, the development of social prescribing opportunities and the increasing importance of mental health. As set out in 2019-20, a key deliverable for ACW was to *“Contribute towards the cross-cutting priority of ‘better mental health’ by supporting Welsh Government and Health Boards with social prescribing and other relevant initiatives.”*<sup>6</sup>

This emphasis continued in ACW’s 2021-26 remit letter<sup>7</sup>, where the first key deliverable is to *“Provide effective, high quality and sustainable healthcare”*. ACW was to support this through a focus on good mental health, engaging with the development of an all-Wales framework for social prescribing, and specifically, working to identify areas where the Council could support social prescribing to tackle isolation and support wellbeing. The remit included further developing the relationship with the Welsh NHS Confederation and HBs to promote opportunities for the arts to contribute to health and wellbeing.

### **Health Boards: Organisational Arrangements**

Arts and Health in the seven HBs varies considerably. Organisational arrangements are different in each, from a part-time sole AHC introduced through the Capacity Building Programme, to situations where there are more established Arts and Health teams of five or six individuals with part or full time specific Arts and Health roles.

The AHCs have been Band 6 positions<sup>8</sup>. Their placement within the organisation is also varied, and in some cases, there have been changes to the locations of AHCs so as to best fit to circumstances and objectives. Postholders have been (initially) located in the following departments:

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<sup>6</sup> <https://gov.wales/sites/default/files/publications/2019-03/arts-council-remit-letter-2019-20.pdf>

<sup>7</sup> <https://gov.wales/sites/default/files/publications/2022-01/arts-council-of-wales-remit-letter-2021-to-2026.pdf>

<sup>8</sup> ACW also envisaged them being Band 7 posts and this was spelt out in the original offer letter to CEOs. In reality many have recruited at Band 6 probably because they have not fully managed to cash match the ACW funding to meet a Band 7 post. ACW have not advocated that these should be at Band 6 because they see the posts as needing more strategic agency. That said, in HBs where there was already a Band 7 in post (SBUHB and CVUHB) it made sense to grow additional capacity at Band 6 level. BCUHB have recently made a Band 7 appointment.



- Child Psychology – Family and Therapies (moving to Planning, where the existing Arts and Health manager is based) (ABUHB);
- Communications, Arts, Health Charity and Engagement Section of the Cardiff and Vale Health Charity (CVUHB);
- Planning and Partnership Team (CTMUHB);
- Nursing, Quality & Patient Experience Directorate (HDUHB);
- Mental Health and Learning Disabilities Directorate (PTHB);
- Proposed 2022 post managed by Director of Public Health (BCUHB); and,
- Dispersed team across different directorates with AHC posts line managed by Community and Primary (potentially moving to Mental Health and Learning Disabilities) and the Volunteer Coordinator (SBUHB).

More important than the location within the organisations has been the leadership within the individual for Arts and Health, as discussed in Section 3 below.

### The Evaluation

In June 2021, the Welsh NHS Confederation commissioned UKRCS to undertake this evaluation following a grant received from the Arts Council of Wales (ACW). The evaluation focussed on the **function** of an AHC, as well as taking account of the specific posts and activities funded through the AHC Programme. The evaluation has been undertaken part way through the Programme. In most HBs, the AHCs have not yet been in post for a full three years and so the level of impact is still emerging.

The evaluation is of the AHC Programme as a potential model through which the benefits of Arts and Health can be more readily and systematically realised. It is not directly an evaluation of Arts and Health in general, although it did need to take account of the extent, range and value of the arts activities which the AHCs are able to generate. It has been conducted on a modest scale at less than 1% of total Programme expenditure and has worked within resource limitations whilst addressing the key evaluation questions on an evidenced based basis. Nonetheless, the evaluation entailed 20+ extended interviews and review of a large volume of documentary material.

The evaluation has aimed to understand:

- The impact that the coordinator roles (and the work enabled through them) is having on patients, staff, and the wider system;
- How the posts may be contributing to current strategic priorities as well as influencing attitudes within the NHS regarding the value of creative approaches in supporting health and wellbeing; and,
- Particular issues or challenges preventing the Coordinators from making headway.

Issues explored included:

- Where the posts are positioned within the HBs (as above) and how that affects effectiveness;
- Main areas of clinical relevance;
- Impact of the AHC role on extending partnerships outside the health sector;

- The impact of the pandemic on the AHC role;
- Emerging attitudes towards sustaining the post beyond the 3-year investment from ACW;
- Initial observations on value for money;
- Where the Coordinators have been successful (or not), and why;
- The range of 'added-value' from the AHCs; and,
- The implications for wider policy for ACW and Welsh Government.

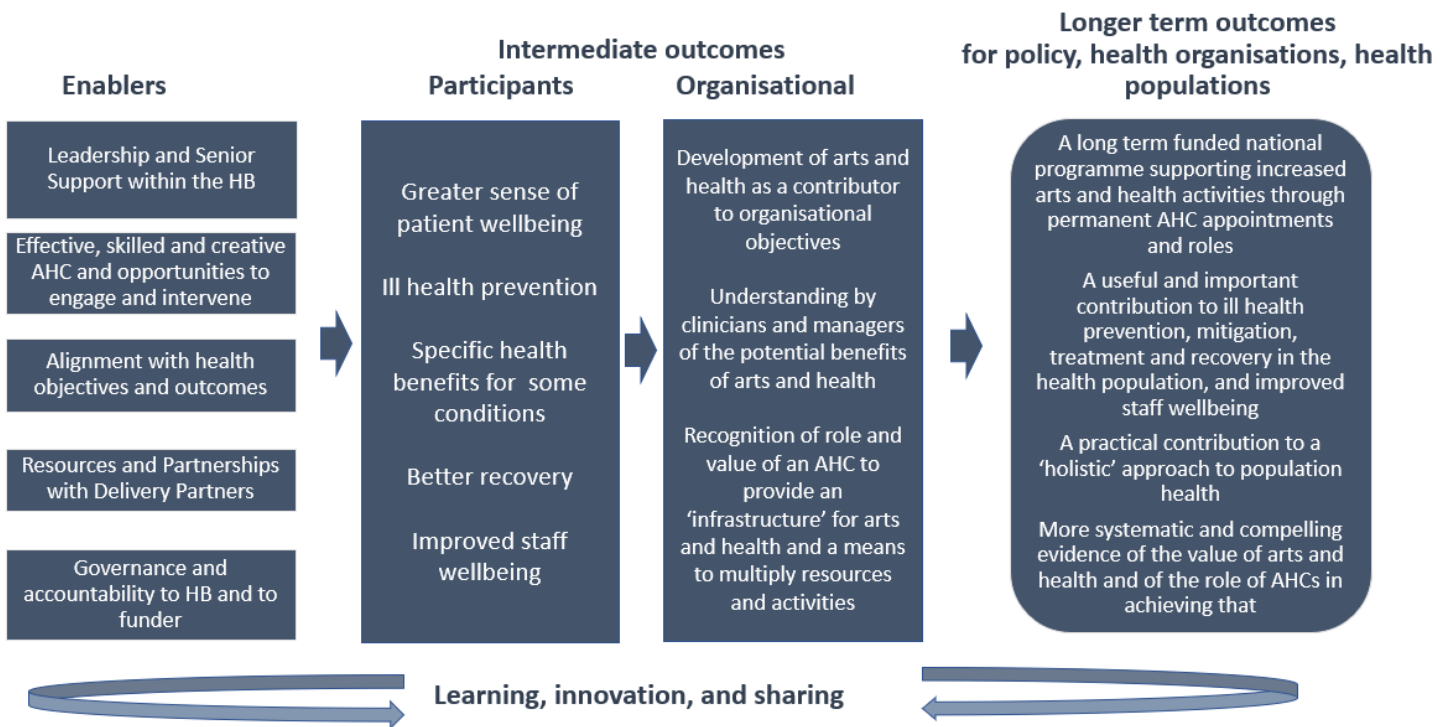
### **A Model for an Effective AHC**

As a preliminary to initiating the evaluation fully, a series of interviews/conversations were conducted with a number of AHCs and also some 'significant others', principally the current or previous Chairs of HBs who have taken an interest in the Programme. The preliminary conversations identified some of the enablers to success, and the evaluation was developed in light of those exchanges. The insights included:

- Senior Board level sponsorship and support;
- A committed and creative AHC with sufficient tenure to act confidently, and sufficient freedom of action and access within the HB to make effective use of their creative skills and organising capabilities in health settings that matter to colleagues;
- Effective partnerships within the HB and with external organisations and individuals willing to contribute;
- Visible examples of positive impact from Arts and Health activities to which clinicians and managers respond;
- Effective connection between the arts activities being promoted and health priorities, with Arts and Health projects and activities being framed explicitly in terms of health-related benefits;
- Clarity of focus in relation to the health function being addressed (avoidance, mitigation, and treatment of, and recovery from, ill health), and the conditions and/or beneficiaries being targeted; and,
- The opportunity to build 'ground up' through individual s rather than a 'top down' instruction from NHS Wales to appoint AHCs.

We used these insights to build a 'model', below, for an effective AHC, which in turn was used as a framework to build case studies and lines of questioning for each HB.

## *A model for an effective AHC approach in health boards*



### **The Research Approach**

This is not a Programme where detailed guidance has been given on delivery or performance targets. This was deliberate, as the ACW judged that given the scale of the investment, too much guidance might prove a barrier for HBs. It was also a recognition that HBs were co-investing and managing the posts – in most instances HBs provide match funding, and the ethos is that the posts should be owned and shaped by individual HBs rather than a top down or restrictive approach set by an external organisation. The desired approach is one of co-production and mutual trust.

Once in post, the AHCs benefit from coordination and support from the Programme sponsors, and the AHCs provide reports back to the ACW as sponsor and co-funder. A condition of grant is for AHCs to attend bi-monthly national meetings convened by ACW. These meetings bring all AHCs together to share best practice and problem solve.

In addition, AHCs have access to regular meetings and advice from their ACW Development Officer and the Programme Manager. ACW provides support such as:

- writing letters to executives on behalf of AHCs;

- advising on project funding opportunities – for example the ACW has accessed £200,000<sup>9</sup> from the Baring Foundation on their behalf to deliver work around mental health<sup>10</sup>;
- providing some central comms support to promote their work; and,
- being on the interview panel for some of the roles.

Each HB<sup>11</sup> has therefore developed an individual approach in the context of its own structure, priorities, and reasoning, and has then appointed their own AHC who has in turn developed a programme of activities to fit the context of the wider HB's work. HBs submit proposals for the AHCs to ACW which are approved on an annual basis.

With a varied approach to delivery, informed by local needs, the research approach was to develop case studies of the AHCs' role and work and achievement at each HB, using a combination of semi structured interviews and documentary analysis, coupled with additional material and insights through 'Programme' level interviews. The case studies are structured by the model set out earlier, with an emphasis on the enablers and barriers to their success. The model provides a lens to enable common themes and issues to be drawn out, and comparisons to be made.

The case studies were built through an extended semi structured interview with the AHC and their line manager, together with a review of the core documentary materials of the original application, reports to the ACW, and internal reports. Beyond that each case study differed. Section 2 below considers the outcomes.

The case studies are available as virtual annexes to this Report [here](#) and provide additional detail and illustration of the themes discussed here. The effective date of the case studies is 31<sup>st</sup> July 2022, although this is a fast moving Programme and in some HBs the position continues to develop at pace beyond that date.

We have also produced a short film available at [vimeo.com/mudandthunder/artsandhealthcoordinators](https://vimeo.com/mudandthunder/artsandhealthcoordinators) which summarises and conveys the key themes of the evaluation and its outcomes. It is also available as an annex to this Report.

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<sup>9</sup> More precisely, it is £100,000 a year from Baring and in principle ACW have agreed it for 3 years so it will be £300,000 for this first phase. However, it is approved by the Baring Board annually. So far ACW have received £200K. They expect there to be a further £100K in 2023 and they will then review to see if a further 3 year phase is possible. ACW matches this amount. Therefore, over the first 3 years the fund is £600,000

<sup>10</sup> <https://baringfoundation.org.uk/news-story/baring-foundation-and-arts-council-of-wales-announce-a-new-programme-for-arts-and-mental-health-in-the-nhs/>

<sup>11</sup> It should also be noted that since the commencement of the evaluation the ACW have been working in partnership with Velindre University NHS Trust to establish an Arts and Health Coordinator role to support patients receiving care from the Trust. See also Section 4.

## Section 2: The AHC Programme Outcomes

As indicated in the model above, there were potential outcomes from the Programme at different levels. These included outcomes for:

- Recipients and beneficiaries of the direct and indirect work of the AHCs;
- The broader community;
- The workforce; and,
- The HBs as organisations.

There were also outcomes of a different character in terms of learning and monitoring. We discuss each of these in turn.

### Recipients and Beneficiaries

We found that AHCs are working with a wide range of beneficiaries. This included the workforce as well as patients: and there is an argument that supporting the health and wellbeing of the workforce through Arts and Health interventions:

- a) enables staff to be in a better position in terms of wellbeing to support others; and,
- b) helps to understand and share the potential benefits and outcomes of Arts and Health initiatives.

For example, Arts and Health in ABUHB aims to cover the whole clinical spectrum, and to support staff, patients and service users, and through workplace-based approaches and community settings.

Some specific examples focussing on staff wellbeing illustrate the outcomes: In HDUHB, creative activities for staff wellbeing are funded with a circa £18k project from NHS Charities Together via Hywel Dda Charities. One of the interventions has involved the AHCs establishing a Hywel Dda Creative Collective. This will bring together interested and creative individuals to create a fun, gentle and compassionate community for staff to develop their individual voice, ideas and creativity and to nurture staff ideas around Arts and Health. The group can operate as a sounding board for ideas as well as helping to build understanding of Arts and Health across the organisation. Some of the feedback highlighted in the AHC's March 2022 update to their steering group included; 'Thank you everyone really inspiring and look forward to sharing with rest of my team. See you next time...' 'Validating the need for time and space for ourselves – it is not a selfish need'. They also reported that 2203 members of staff had accessed creative activities, of which 1366 were accessed via live streaming of the HDUHB Staff only Facebook page.

In SBUHB, the music and health facilitator's work focused on staff during the pandemic, and went online to provide opportunities for staff, patients and volunteers to join in with virtual projects like '5 minutes of joy' as well as digital art project where freelancers could access

wards and other settings via Zoom or similar to provide health and wellbeing support for patients and staff<sup>12</sup>.

Mental health projects that use creative wellbeing interventions are common, and there has been coverage across the lifespan from work to support children and adolescent mental health services (CAMHS) to projects for older adults with conditions such as dementia and end of life care. AHCs are focusing on all areas of prevention, mitigation, treatment and recovery. The physical benefits are also highlighted, such as through singing, dance and work to prevent falls.

PTHB's focus has been on mental health with the postholder placed in that department. There is a growing need for mental health services and one example is the new service Out of the Blue, an Arts and Health project delivered by Mental Health Services for those bereaved or affected by suicide. The aim is to introduce hope for those experiencing grief by engaging in creative arts and ecotherapy experiences. The intended benefits from participating are social interaction and new connections – through creatively expressive participatory and shared experiences.

## **Community**

Community work has featured within all of the HBs with active AHCs, with social prescribing links, arts on prescription and through collaboration with a wide range of partners.

AHCs are able to connect prescribers and providers as part of a local (and regional) network of Arts and Health interventions. Public and third sector organisations are brought together as well as individual creative providers with different types of skills and expertise and potential reach to different parts of the population. For example, CVUHB have a Long Covid programme, working with two other HBs, artists and the Welsh National Opera (WNO) to share services and ideas<sup>13</sup> – with reporting of clinical improvements. CTMUHB is training volunteers to deliver creative work for wellbeing. In ABUHB, The Iceberg Arts Programme, has worked across the Iceberg Transformation to find ways that creativity and the arts can be woven into and support the work of CAMHS and Child Psychology: projects have contributed to improving physical environments, children and mums' expressing themselves through visual arts, poetry, craft and music making.

In SBUHB, HARBWR<sup>14</sup> is an Arts on Prescription programme funded through YLab, ACW's HARP (Health, Arts, Research, People) Nourish programme<sup>15</sup> in collaboration with local partners in arts, wellbeing, the 3<sup>rd</sup> sector and local councils. Groups are also organised for carers, and Dance to Health for falls prevention interventions. Rengarific supported adult mental health service users in Wales is a fun and accessible arts activity that builds creativity, resilience and connections. Small groups facilitated by an artist create pieces of art, using any technique they choose (photography, poetry, sketching, painting, sewing,

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<sup>12</sup> <https://www.artsinhealth.wales/>

<sup>13</sup> The project uses singing and breathing techniques to support long covid recovery.

<sup>14</sup> <https://www.harbw.org/>

<sup>15</sup> <https://ylab.wales/announcing-harp-nourish-projects>

etc.). Once a week they meet up online to talk about their work and choose someone else's art that they "riff" off the following week. This goes on to create a collective story – a chain of artworks that is exhibited online or in a gallery setting.

## **Workforce**

Several HBs have developed or refreshed an Arts and Health strategy as part of the capacity building funding, and this has the effect of linking Arts and Health into wider organisational objectives and raising the profile and awareness of the work across the workforce. This is highlighted further below as an enabler for embedding a successful Arts and Health approach within the workforce.

In some HBs, cross departmental steering groups and creative forums for Arts and Health help this process, and staff are involved through co-production approaches to planning future Arts and Health interventions. Patients are also included. This involvement further raises the profile of the use of Arts and Health, and AHCs reference the use of case studies, presentations, resources and toolkits to enable staff to identify good practice and adapt this for their own situations. This will help contribute to wider upskilling of the workforce and aid understanding of how Arts and Health can be better deployed.

Postholders actively scope key individuals and teams within their organisation to identify areas for collaborative work and building capacity and 'champions' for Arts and Health. In CTMUHB, the Arts and Health champion network consists of 50 people across the HB to lead and promote and to help deliver and shape projects – this process also grows awareness, interest and capacity. Raising awareness is a key task for AHCs from the outset. One recent example is in HDUHB where the postholders actively work to raise awareness. In their first three months of work this included presenting and sharing opportunities with the Wellbeing Champions Team, at Heads of Nursing events, with the Green Team and with staff workforce and wellbeing activities, and also making links with staff psychological wellbeing interventions.

The evidence from AHCs and their line managers is that the profile and value of Arts and Health has increased while the capacity funding and post holders have been in place, especially among senior leaders. Staff who benefited from interventions organised by AHCs during the pandemic also became more aware of the potential of Arts and Health activities. For example, in ABUHB there is scope for staff in the longer term to include arts interventions in their own work, 'self-starting' and expanding the offer, which can be quality assured and guided by AHCs. In CVUHB, the Programme has contributed significantly to the development of the arts programme with Arts Fundraising and support officers in place within the Arts Team and Health Charity, helping to build a social media presence, raise money for the arts, develop partnerships, and provide a platform for artists.

## **Organisational Outcomes**

There are some specific examples that have influenced wider organisational processes and shared approaches. In ABUHB, the AHC worked as part of the Welsh Government funded transformation programme in CAMHS and was very much focussed on looking at how

creativity could support the work of transforming services from Mental Health and Wellbeing to be much more embedded in Communities. The timing of the intervention then has the potential to have more of an impact *“rather than getting support at a time when it (the issue) has escalated to a higher level need, at which time you are having a much higher level of support.”* A model of earlier intervention through Arts and Health may potentially have a reduced cost to health services.

In SBUHB, the Digital Storytelling project has been a major success and is being embedded and shared with HBs across Wales and England with a roll out of training for the workforce. In CVUHB the team are being asked to get involved in service redesign and are involved in capital planning of new University Hospital of Wales 2 at the outset.

### **Learning and Monitoring**

The AHCs are meeting regularly with AHC peers with the aim of sharing learning and identifying joint nationally significant initiatives to capitalise on this national model for Arts and Health. AHCs sit on the Senedd Cross Party Group for Arts and Health, Chaired by Jayne Bryant MS, who work together to advocate for Arts and Health in Wales *“and see this national approach as a huge asset.”*

Regular external network meetings also include HARP learning groups<sup>16</sup> and the Wales Arts Health and Wellbeing Network (WAHWN) sector network meetings<sup>17</sup>. These are considered beneficial for developing contacts and sharing information and knowledge, but also take up time if AHCs are in a part time role and have seen some duplication of speakers and topics covered. Such sessions could facilitate a ‘richer’ opportunity for AHCs to share knowledge, ideas and challenges, and to be challenged on their own practice – something that AHCs themselves welcomed as a way of working. This could lead to some collective shared practice across HBs (and is a way of quality assuring), and add value in streamlining meeting attendees, topics and speakers.

There are mechanisms in place for learning and monitoring work within each HB. AHCs and line managers feed AHC progress and outcomes into formal reporting processes to Boards and committees within HBs, ensuring internal accountability is in place. Service user and patient voice is a key part of the learning for AHCs and their teams. Co-production processes have been highlighted to help learn and shape activity and future projects.

AHCs have considered internal gathering of feedback such as staff surveys that might capture the impact of their work. Case studies, anecdotes and patient stories are collected and submitted in Board reports and are generally well received. Several interviewees alluded to the importance of monitoring outcomes and impact, although they may not have received as much attention as the AHCs would like. A pool of case studies and stories at national level from all AHCs might help support this and have influence on leadership within

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<sup>16</sup> HARP ended in June 22 but HARP plans to continue the Learning Groups.

<sup>17</sup> <https://wahwn.cymru/>



and across HBs and Welsh Government<sup>18</sup>. AHCs learning about key priority areas of need in the whole organisation and ensuring Arts and Health interventions contribute to implementing the strategic goals is key to making AHCs work visible and valid. Some AHCs / Arts and Health Teams are very proactive on social media and enjoy a high profile, for example CVUHB. CVUHB also produce a public annual report on their Arts and Health activities which includes a foreword by the HB Chair.

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<sup>18</sup> This is being done by WAWHN - <https://wahwn.cymru/case-studies>. More awareness of the opportunities through the WAWHN website to pool case studies and stories at a national level could have a positive influence on leaders within and across Health Boards and Welsh Government

## Section 3: Reasons for Success

### The Enablers

In evaluating the factors which contributed to the success of the AHCs we used the model which we had built from early engagement and documentary review and then applied to each of the HBs contexts.

We found that some factors were much less important than had been predicted, including the Departmental location of the AHC within the HBs. Others were much more significant, including:

- Having an effective, skilled and creative AHC;
- Senior leadership and support within the HB;
- Arrangements for governance and accountability;
- Alignment with objectives;
- Sufficient human, financial and material resources; and,
- The development of effective partnerships.

We also found that many of these enabling factors reinforced one another.

### Effective, Skilled and Creative AHC Role

The AHC person-in-role was critical to success, and a factor which could not be remedied by other factors. Indeed, an effective AHC was often the key to developing and deploying other factors enabling success – for example winning and retaining senior leadership support within the HB and wider engagement. The range of skills required by the AHC were considerable, and included administrative, partnership, funding, and influencing skills as well as creativity. AHCs also need the attributes of any leader of different and novel activities in the context of a large and highly pressured organisation – including resilience, flexibility, determination, and an appetite for hard work.

Interviewees spoke about needing to find out about the strategic priorities of the organisation and finding connections where Arts and Health could contribute to strategic goals and deliver against key target areas. Making that link might help gain an audience at senior level because it resonated with wider discussions. If there is someone there at that more senior level to champion and raise the profile, that helps. Otherwise AHCs have to navigate it themselves and that can take a great deal of time. One AHC commented (as a previous person doing this had moved on): *“I think what we desperately need is someone to manage the strategic aims of the arts and health team within the health board and navigate us through”.* (AHC)

The AHC role was not always funded through the ACW Capacity Building Programme, as it was sometimes already present in the HB and in some cases was already relatively long standing when the ACW grant was made. In these cases, the ACW grant added focus and capacity to work in specific areas, genres, and target audiences, extending the reach of Arts and Health. In all instances, it resulted in an additional post(s) being created.

As in many innovative programmes, the early leaders and champions have often provided inspirational leadership for Arts and Health, raising a key question of whether the second and future generations of AHCs are likely to perform at this level. The tendency is for roles to become more routinised and less entrepreneurial, which is a difficult transition to make whilst retaining high levels of impact.

Some specifics for the AHC role are as follows:

- There is a need to be in the arts world and also in the health world. Making and holding that bridge is a demanding task;
- The AHC role is often relatively high profile, making connections across departments and at various professional levels;
- The seniority of the AHC role can be very important when navigating and negotiating for access, support and engagement in and across the HB;
- Expectations (and self-expectations) of the AHC role can be very high, and lead to excessive workloads and risks of being overextended. Whilst a higher risk for ‘lone practitioner’ AHCs, the size of the potential audience for Arts and Health and the wide range of internal teams that could get involved means that AHCs will have to prioritise, even in larger teams. *“It is very easy to go over our capacity because of a desire to invest in the work and build on and also a feeling that perhaps there is an expectation that you should do that when you work at a certain level”.* (AHC)
- Where the ACW grant-aided role is not the AHC role itself, clear responsibilities and an appropriate role description are important to success;
- Building profile and confidence takes time as well as skill, so continuity over a reasonable timescale is an important factor;
- Those in AHC roles may also need development, especially in necessary skill areas which they do not initially possess. These include procurement, budgeting, research and evaluation and project management. However, the wider context is not designed to meet many of those potential induction and CPD training needs. Over the years WAHWN has played a helpful role in such situations; and,
- The job descriptions and person specifications of future AHCs need to take all these aspects into account.

### **Leadership and Senior Support within the HBs**

The novel character of the AHC role means that it can be seen as an ‘add on’, and not central to an HB’s role and purpose. Ultimately the value of the work flowing from the AHC role has to speak largely for itself. But getting access to the situations where impact can be demonstrated, and opportunities identified to show what can be done, need to be actively created by senior leaders within the HB, either at Board and/or Departmental level. This can take time and requires agility and responsiveness. But if it can be achieved, there can be indirect as well as direct benefits: *“Management have ideas and some have really caught the vision and have good ideas. Because they are senior, they are sitting in all sorts of meetings and can make those connections there, have the conversations (required)”.* (AHC)

That leadership support also needs to be amplified and reproduced at other levels and in other parts of the HB, and having ‘champions’ for the work across the HB is important to

success. Changing personnel in HBs at senior and other levels may make it necessary to continue to 'make the case' – the quality of institutional memory can become precarious. Champions must be able to point to Arts and Health work which has had positive impact in 'health' terms. Establishing an internal 'Creative Forum' and 'Arts and Health Steering Group' has helped strengthen and embed support in two HBs.

Departmental location is significant only in that it contributes to this senior support from within – one AHC actively 'switched' to a different Department when personnel change weakened immediate senior support for the work around Arts and Health.

Finally, new developments e.g. in buildings or services, can provide opportunities where thinking is more open and receptive to the contribution which Arts and Health might be able to make.

### **Governance and Accountability**

Governance and accountability operate for the AHC roles as a necessary but not sufficient condition for success. It works to provide a context within which the AHC can be clear about their 'purpose-in-context', and know how they will be judged and valued. This is not always easy, especially when the HB itself is working out what this 'new' role is all about.

Interviewees felt strongly that accountability sits with the HB rather than externally: *"Really important that the Health Board owns it... it is their role to run this, not the ACW role to run this."* (AHC)

Governance arrangements have firmed up for some of the AHCs: *"There has been a massive evolution of formalising Arts in Health in the organisation"* (Line Manager). This can be important for continuity in the face of staff turnover: *"...the biggest problem is management churn. It is absolutely crucial to build senior support...Institutional memory is really short"* (Line Manager).

Reporting structures and frequencies vary between AHCs, and not only in terms of differing Departmental locations. For example, one AHC reports into the Health Charity of the HB, and this provides governance. Others have steering groups or forums, although these tend to operate as support and guidance rather than accountability. Another has a developing link into its Regional Partnership Board.

Other mechanisms include reports to funders (although accountability and ownership within the HB is the more important), the auditing of regularity and the use of funds which takes place as part of the audit, and the development of explicit Arts and Health strategies which then provide a clear basis against which to assess performance and delivery of objectives. External publications also strengthen accountability, especially when explicitly linked to the wider statutory and policy environment, including the Wellbeing of Future Generations (Wales) Act 2015.

Generally, the governance arrangements for Arts and Health are not strongly developed, partly because the role is so different from the mainstream activity of the HB. The major consequence of this is that if performance should falter, or if flaws should emerge in the AHC's work, there is neither the level of scrutiny nor the level of external support to spot the problem and help to fix it. This has not happened with any frequency, but it is an issue and would become more so if Arts and Health work is significantly expanded in the future. Ultimately, any governance weaknesses will become visible in the quality and quantity of output, but that may be a late stage when corrective action is inherently more difficult.

### **Alignment with Health Board Objectives and Outcomes**

For arts activities to establish credibility in an HB, it is important to be able to demonstrate its positive contribution to achieving declared strategic objectives. HBs have a broad responsibility for population health, and so cover the full range of both physical and mental health, and in relation to avoidance, mitigation, treatment, or recovery from ill health. A focus on prevention, mitigation and wellbeing, and in the area of mental health is a clear focus for some AHCs.

The breadth of potential arts activities makes them potentially relevant across the full range of activity. Connections into areas which are relatively close to mainstream activity and specific initiatives are likely to be perceived as having higher impact. Such interventions have included dance classes for those needing movement to aid and speed recovery, public art to make new buildings more welcoming and improve patient experience, choirs for chronic obstructive pulmonary disease sufferers, and activities to support an HB's commitment to the 'Black Lives Matter' movement.

Where the AHC has a declared strategy connected to the wider HB strategy, the explicit connection adds further value, especially where the HB itself identifies a gap which Arts and Health may help to fill, or where it has potential added value in emerging areas such as social prescribing, or where Arts and Health has 'stepped up' at a time of crisis such as in the pandemic. It may also be complemented by a corresponding connection from the HB strategy in respect of the arts. AHCs have played a material role in establishing these key connections. Two examples follow.

ABUHB is committed to delivering the 's' five priorities through their Arts and Health Strategy. The draft strategy states *"We know that actively integrating arts and creativity within our approach to health care will have a positive impact on the full life course of our population. Clinical Futures is the Health Board's Plan for a sustainable Healthcare System for the whole of the NHS across the Gwent area. At ABUHB, we are dedicated to keeping the population healthy through health promotion, health recovery and health prevention. Our Arts and Health Strategy demonstrates how arts and health can support all stages of our Clinical Futures model"*. A key focus for this Arts and Health work will be the 'green' zone of the whole organisation approach which supports prevention – an area that the HB has identified for further work.

HDUHB's Arts and Health work is specifically identified as contributing to the organisational objectives, as illustrated by this extract from the Three year Plan: Empowering our Patients (Planning Objective 2M)<sup>19</sup>.

### Empowering our Patients (PO 2M)

- To sustain and develop the Arts in Health (AiH) Programme by March 2023 to promote and encourage the use of the arts in the healthcare environment to make a positive contribution to the well-being of our patients, service users and our staff. The key areas of the project will have a number of threads:
  - Patients –helping to support and inspire development of arts projects working with patients with specific needs, including dementia, learning difficulties and mental health.
  - Staff – developing services to support staff wellbeing, benefits and building resilient staff communities.
  - Community – developing creative prescribing/arts on prescription to enable access to patients in the community to access services that support wellbeing and preventative lifestyle changes.
  - Arts Sector – it is vital that the overall arts ecology can support our vision to deliver arts in health for people within our health board area.
  - Arts in the environment – working alongside partners to develop arts in future building and capital projects in a sustainable way that promotes health and wellbeing for staff and patients.
  - Learning and development - working locally and within a wider national context to create ongoing learning and conversations to develop arts in health.

The AiH team is keen to secure further resources to maximise the potential of opportunities in the next 12-14 months to add value to the programme, build sustainable resource and capacity, meet expectations, use actual projects to prove/evidence the impact of the work and build an accessible new service for the University Health Board.

It is also proposed to establish an AiH Environments Task and Finish Group to :

- Form a vision and plan for a health board approach to arts in healthcare environments
- Develop resources to support the role of arts in health in future planned capital and estate projects and key health board developments.
- Consider the role of arts in health in preserving heritage and culture during a period of transformation.

All of this work is supporting a number of other corporate objectives, having arts in health built into capital programmes and estates developments, will ensure that we are supporting our local communities by working with local artists and arts organisations, third sector etc, as well as ensuring our buildings are reflective of our counties, and helping people feel connected to the building when they visit.

### Resources – People, Financial, and Assets

The AHC role is primarily geared to being a 'coordinator', although that in itself covers a broad range of tasks, responsibilities and approaches. Actual delivery necessarily entails securing resources of people, finance, and also broader classes of assets.

AHCs typically develop a balance between paid staff, volunteers and external delivery partners in order to give them 'reach' and develop as full a programme of activities as possible. Some volunteering arrangements have developed to include specific induction, governance, and training.

AHCs also attract additional funding and resources, for example through Health Charity channels, and they provide an 'infrastructure' into which external resources can be directed, such as funding from the Baring Foundation to ACW, or match funding from Welsh Government. Some examples of additional funding drawn in are highlighted below.

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<sup>19</sup> Hywel Dda UHB: Health Board three year plan 2022-25. (p17) Available at: <https://hdu.nhs.wales/about-us/governance-arrangements/board-committees/strategic-development-and-operational-delivery-committee-sdodc/sdodc-28-april-2022/item-61-three-year-plan/> (Accessed August 2022)

- ✓ CVUHB: Successful Bids include £35,000 Y Lab/ Harp Nourish (ACW / Nesta funding), £52,350 ACW AHW lottery, £28,600 Arts & Minds (Baring Foundation/ACW), Staff Lottery £6400.
- ✓ ABUHB: In 2020, ABUHB received £20k from ACW in partnership with GARTH for the project 'I'm thinking of you'. 61 virtual artworks were created and shared in response to the experience of lockdown. In 2021, the post holders secured £35K funding from YLab (ACW/ NESTA funding) to support a wide programme of arts and health activities for 12 months. The successful bid proposed a range of projects with a focus on areas such as bereavement, working with mental health services, community psychology and supporting staff wellbeing.
- ✓ CTMUHB: Used endowments to fund projects and accessed ACW lottery funding as well as via the HARP Programme and Arts & Minds.
- ✓ PTHB: Out of the Blue is an arts and health project delivered by Mental Health Services within PT, for those bereaved or affected by suicide. Between January 2021 – January 2022 with £28,600 awarded by Arts & Minds (an ACW & Baring Foundation Fund) and £1,400 from Powys County Council.
- ✓ HDUHB: In February 2022, the recently appointed postholders secured funding from Arts & Minds for the new project 'Art Boost' with CAMHS – an arts in mental health programme for children and young people living with eating disorders, self-harming behaviours, low mood and/or having suicidal feelings.
- ✓ SBUHB: During 2021, £233,000 was raised during 2021 to cover dance for falls prevention, music projects and initiating Arts on Prescription work.

The broader assets include space for arts activities, and in CVUHB for example this includes a gallery in University Hospital Llandough, which is used for a wide variety of patient, staff, and external exhibitions.

Building both a core team and accessing additional resources is a key step to achieving wider sustainability of the Arts and Health activity. Those AHCs which are relatively well established have attracted an impressive array of such resources, and this in turn is easing the transition to obtaining 'mainstream' and longer term HB funding.

### **Partnerships**

We have already referred to various 'partnerships' which AHCs create, but it merits emphasis as a distinct topic. Partnership working for AHCs includes 'internal' partnerships within the HB with champions and Arts and Health forums, but also external partnerships to directly support delivery of projects, to obtain additional resources, and to broaden the community of interest in and commitment to Arts and Health activities. This includes the 'core' partnership of the AHCs with ACW and the Welsh NHS Confederation, and WAHWN.

For some AHCs, developing partnerships is an explicit objective – a 'partnerships first' approach for one, for example, which includes an explicit sense of partnership with the HB's wider communities and local authorities. For well-established AHCs, some partnerships have become long term and two-way, with the AHC role and work helping to shape the approach being taken by long term funding partners.

## Section 4: Building for the Future

### Successes and Lessons

Overall, the AHC Programme has succeeded in its principal objectives. It is not appropriate to try and isolate its precise effects because it has been a relatively low cost intervention in large and complex NHS organisations, and in some of which the AHC-related grant was grafted onto pre-existing arts coordination and delivery roles. Nonetheless, there is clear evidence that the AHC Programme has made a positive contribution in a number of respects. It has:

- Helped establish the AHC function in most of the HBs, and reinforced and expanded that function where it pre-existed;
- Helped build credibility for Arts and Health work amongst health practitioners and senior HB leaders;
- Led to the delivery of considerable amounts of good quality Arts and Health activity both directly and contributing to partnerships and attracting additional funding, people, and assets, so amplifying the value and impact of the AHC function, and good value for money for the core investment;
- Attracted additional resources through associated, external, and mainstream channels;
- Enabled the AHC function to be re-started where it has faltered;
- Helped develop Arts and Health strategies in HBs, and stimulated explicit reference to the value of Arts and Health work in mainstream strategies, and in so doing making explicit and accountable connections between the worlds of the arts and of health;
- In some HBs, helped position AHCs for potential longer term and mainstream funding; and,
- Provided a model to other NHS bodies, including Velindre University NHS Trust, to adopt, and a wider Programme which they can be part of.

### Implications and Recommendations

The fundamental transition of Arts and Health work from a part time, project-based model (albeit longstanding and reasonably well resourced in some HBs) to a permanent and sustainable feature of mainstream HB activity remains to be accomplished. ACW, the Welsh Government, and other key stakeholders, will need to decide whether there is sufficient promise demonstrated through the Capacity Building Programme to date to warrant more positive steps in that direction, and if so, what they should be. The evidence from this evaluation would support that move.

A future 'Programme' should consider the benefit of moving beyond a largely decentralised<sup>20</sup> model to one which has more of the features of a coordinated intervention.

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<sup>20</sup> To be clear, the model is still a long way from individualised grant applications without any coordination or overall requirements. In this programme, there are national network meetings; an overall funding system with conditions; some shared projects and goals around the national Arts & Minds Programme; and some joint working and communications.



There would be more national and cross cutting objectives, and training support, as well as those of individual HBs, possibly supported by explicit guidance from national level but with operational responsibility remaining firmly at HB level. Consideration is needed on:

- How to strengthen monitoring and accountability where that is required, to help avoid gaps in provision arising and to act as an early warning system if performance and quality were to suffer materially in an HB;
- How Arts and Health can connect more effectively to relevant areas of national policy, and in particular to social prescribing;
- Ensuring that the AHC roles are established at the appropriate level of authority (and salary) to give them the access and leverage they need to be optimally effective; and,
- The role of ACW in such a programme going forward, possibly as a funding channel for Welsh NHS resources, but more in terms of contributing its arts expertise to strengthening the work in HBs and offering a 'quality assurance' function. This would not mean managing the roles in any direct sense, rather to use funding conditions to create a monitoring and assurance framework to be operated in partnership with the relevant NHS managers.

**November 2022**

## **Arts Council of Wales**

The Arts Council of Wales is the official body responsible for funding and developing the arts in Wales. Our vision is of a creative Wales where the arts are central to the life and wellbeing of the nation. Through our longstanding MoU with the Welsh NHS Confederation and working with a wide range of partners, we have developed an extensive Arts & Health programme so that more people can enjoy the health and wellbeing benefits of being creatively active. We provide financial support for every health board to employ an Arts & Health Coordinator. We invest in innovative projects through our [Arts Health and Wellbeing Lottery Fund](#) and we have developed a creative wellbeing resource - the [Cultural Cwtsh](#) - to support the wellbeing of NHS and Social Care staff in Wales. Visit [arts.wales](https://arts.wales) to discover our full range of activities and to find out how you can get involved.

## **Welsh NHS Confederation**

The Welsh NHS Confederation is the national membership body representing the leaders of the organisations making up the NHS in Wales: the seven local health boards, three NHS trusts and two special health authorities. The Welsh NHS Confederation are part of the NHS Confederation and host NHS Wales Employers.

[www.welshconfed.org](http://www.welshconfed.org)

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